

Experiences of Harassment, Discrimination, and Physical Violence Among Young Gay and Bisexual Men

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Recent research involving gay and lesbian individuals has documented associations between psychological distress and both perceptions of discrimination^{1,2} and experiences of victimization.^{3–5} These findings are consistent with research examining the consequences of mistreatment among other marginalized groups^{6–9} and with theories linking minority-specific stress to negative physical and mental health outcomes.^{10–13}

Few studies of gay and lesbian populations have been sufficiently large to yield useful information regarding the incidence or prevalence of anti-gay harassment, discrimination, and victimization or to identify demographic subgroups at particular risk. However, a growing literature on violence in high schools does offer some important insights. Population-based studies indicate that gay, lesbian, or bisexual adolescents (defined by sexual behavior, sexual attraction, or self-labeling) are more likely than other adolescents to report being involved in fights or to be the targets of harassment.^{14–18} For example, according to 2 such studies, between 25% and 38% of gay, lesbian, and bisexual adolescents reported being involved in a fight in school during the past year, as compared with 7% to 19% of other adolescents.^{15,16} It is important to note that existing population-based studies of high school students have not differentiated between violence that occurs because of sexual orientation and violence that occurs for other reasons. They have also tended to exclude nonviolent forms of discrimination.

Little is known about the prevalence or incidence of mistreatment in the years following high school. Herek et al. sampled 2259 gay and lesbian adults and found that, during their adult lifetimes, 28% of men and 19% of women reported some form of violence or other criminal activity directed at them as a result of their sexual orientation.⁴ Diaz et al. sampled 912 gay and bisexual Latino men

Objectives. We examined the 6-month cumulative incidence of anti-gay harassment, discrimination, and violence among young gay/bisexual men and documented their associations with mental health.

Methods. Gay/bisexual men from 3 cities in the southwestern United States completed self-administered questionnaires.

Results. Thirty-seven percent of men reported experiencing anti-gay verbal harassment in the previous 6 months; 11.2% reported discrimination, and 4.8% reported physical violence. Men were more likely to report these experiences if they were younger, were more open in disclosing their sexual orientation to others, and were HIV positive. Reports of mistreatment were associated with lower self-esteem and increased suicidal ideation.

Conclusions. Absent policies preventing anti-gay mistreatment, empowerment and community-building programs are needed for young gay/bisexual men to both create safe social settings and help them cope with the psychological effects of these events. (*Am J Public Health.* 2004;94:1200–1203)

and found that 10% reported anti-gay violence and 15% to 50% reported other forms of anti-gay discrimination and harassment as adults.¹ However, to our knowledge, no large study has used a multiethnic sample to document the extent of anti-gay mistreatment experienced by young gay and bisexual men.

In the present study, we examined the 6-month cumulative incidence of anti-gay verbal harassment, discrimination, and physical violence among a large sample of young gay and bisexual men. We also sought to identify subgroups of young men at particular risk for these experiences and to document associations between such experiences and markers of mental health problems.

METHODS

Study Population

Gay and bisexual men (n=1248) were recruited during 1996 and 1997 in Phoenix, Ariz; Albuquerque, NM; and Austin, Tex, to serve as a baseline sample in a multicity controlled trial of a community-level HIV prevention intervention. Participants were recruited by peers through venues (e.g., gay bars and retail establishments), organizations, and social networks. Detailed descriptions of the

sampling methods can be found elsewhere.^{19,20} Participants ranged in age from 18 to 27 years, and the average age was 23 years (SD=2.7). Eighty-three percent of the respondents identified themselves as gay, and 16% identified themselves as bisexual. Because our focus was on examining mistreatment based on sexual orientation, participants who did not self-identify as gay or bisexual (n=15) were excluded from the analyses. Participants were predominantly White (59%) or Latino (29%), consistent with the demographic makeup of the study cities.

Research Instrument

Participants completed self-administered questionnaires and returned them to the investigators via mail; they were each paid \$10 for their participation. In addition to reporting demographic information, participants indicated whether they had ever been tested for HIV and reported their most recent test result. Untested men were coded as HIV negative in subsequent analyses. Participants also reported how open with other people (“out of the closet”) they were about their sexual orientation, using a 5-point scale ranging from *not out to anyone* to *out to almost everyone*.

Experiences with mistreatment were assessed via the question “During the past 6 months, have you experienced any of the following directed at you because you were gay/bisexual?” Participants indicated (yes or no) whether each of the following 3 events had occurred: (a) verbal harassment, (b) discrimination (e.g., in employment, housing, insurance), or (c) physical violence. Self-esteem was assessed with 4 items ($\alpha=.78$) from the Rosenberg Self-Esteem Inventory.²¹ Finally, participants indicated whether they had “thought seriously about committing suicide” in the past 2 months.

RESULTS

Thirty-seven percent of the participants reported that they had experienced verbal harassment during the preceding 6 months be-

cause of their sexual orientation (95% confidence interval [CI]=34.3%, 39.7%); 11.2% reported discrimination (95% CI=9.4%, 13.0%), and 4.8% reported physical violence (95% CI=3.6%, 6.0%). Table 1 presents bivariate and multivariate associations between the incidence of these experiences and demographic characteristics, HIV status, and extent of disclosure to others. Table 2 presents the results of regression analyses predicting self-esteem and suicidal ideation from demographic characteristics, HIV status, extent of sexual orientation disclosure, verbal harassment, discrimination, and physical violence.

DISCUSSION

Recent experiences of anti-gay verbal harassment, discrimination, and physical violence were reported by a substantial minority

of men in our sample; men aged 18 to 21 years, men who were more open in disclosing their sexual orientation to others, and HIV-positive men most often reported such events. These types of mistreatment were associated with lower self-esteem and a 2-fold increase in the odds of reporting suicidal ideation. Given the potentially life-threatening nature of these acts and their psychological correlates, health care professionals and policy-makers should attend to the effects of harassment, discrimination, and violence on young gay men if they hope to improve the lives of this vulnerable population.

The associations observed between experiences of mistreatment and markers of psychological distress are subject to a number of interpretations. The explanation most consistent with existing theory is that discrimination, harassment, and victimization are stress-

TABLE 1—Associations Between Demographic Characteristics and Reported 6-Month Cumulative Incidence of Verbal Harassment, Discrimination, and Physical Violence

	No. ^a	Verbal Harassment			Discrimination			Physical Violence		
		% ^b	OR ^c	95% CI	% ^b	OR ^c	95% CI	% ^b	OR ^c	95% CI
Age, y										
≤21	213	50.2	1.00		14.1	1.00		10.3	1.00	
>21	997	34.3	0.55***	0.40, 0.75	10.6	0.88	0.56, 1.43	3.6	0.32***	0.17, 0.58
Education										
No college	313	43.5	1.00		16.6	1.00		4.0	1.00	
Some college or more	896	34.9	0.81	0.61, 1.08	9.4	0.55**	0.37, 0.81	6.0	1.11	0.60, 2.08
Race/ethnicity										
White	716	39.2	1.00		10.8	1.00		4.6	1.00	
Latino	344	34.6	0.80	0.61, 1.06	12.5	1.18	0.78, 1.77	4.4	0.92	0.49, 1.75
Other	150	32.7	0.73	0.49, 1.07	10.7	1.06	0.59, 1.90	6.7	1.39	0.67, 2.93
HIV status										
Negative/untested	1152	37.0	1.00		10.8	1.00		4.5	1.00	
Positive	41	46.3	1.47	0.78, 2.77	24.4	2.59*	1.23, 5.47	12.2	3.67*	1.34, 10.53
Sexual orientation										
Gay	1015	36.7	1.00		11.0	1.00		4.1	1.00	
Bisexual	195	39.5	1.24	0.88, 1.74	12.3	1.35	0.81, 2.24	8.2	1.87	0.99, 3.59
Openness with others regarding sexual orientation										
Out to half or fewer	328	31.7	1.00		8.5	1.00		5.8	1.00	
Out to more than half	882	39.1	1.45*	1.09, 1.94	12.2	1.73*	1.07, 2.80	4.4	0.89	0.48, 1.65

Note. OR = odds ratio; CI = confidence interval.

^aThe variable sample sizes for each analysis are the result of missing data. Twenty-three participants did not provide data on mistreatment experiences, yielding a maximum sample size of 1210.

^bMultivariate analyses involved a sample size of 1193 owing to missing information on HIV testing.

^cPercentage of respondents reporting event, unadjusted for other variables.

^dAdjusted for other demographic variables, HIV status, and extent of openness with others regarding sexual orientation.

* $P<.05$; ** $P<.01$; *** $P<.001$ (2-tailed).

TABLE 2—Multivariate Ordinary Least Squares (OLS) and Logistic Regression Analyses Predicting Self-Esteem and Suicidal Ideation From Verbal Harassment, Discrimination, and Physical Violence, After Control for Demographic Covariates

	OLS Regression: Self-Esteem ^a (n = 1191)		Logistic Regression: Suicidal Ideation ^a (n = 1179)	
	b ^b (SE)	95% CI	OR ^b	95% CI
Verbal harassment	-0.19** (0.07)	-0.33, -0.06	1.17	0.82, 1.66
Discrimination	-0.28** (0.10)	-0.49, -0.08	2.13***	1.36, 3.35
Physical violence	-0.20 (0.16)	-0.51, 0.10	2.06*	1.10, 3.86

Note. OR = odds ratio; CI = confidence interval.

^aPoint-biserial correlation between self-esteem and suicidal ideation: -0.42 ($P < .001$).

^bRegression coefficients and ORs are adjusted for age, education, ethnicity, HIV status, sexual orientation, openness with others regarding sexual orientation, and other mistreatment variables listed.

* $P < .05$; ** $P < .01$; *** $P < .001$ (2-tailed).

ful life events that result causally in psychological distress. However, given the limitations inherent in cross-sectional data, we cannot rule out other possibilities. For instance, men with preexisting low self-esteem or suicidal ideation may be more vulnerable to and more likely to be targeted by perpetrators of mistreatment. Alternately, men with greater psychological distress may simply be more likely to report mistreatment or to interpret ambiguous negative events as anti-gay discrimination or harassment. This explanation is less plausible given the research indicating that, under ambiguous circumstances, discrimination is likely to be underreported rather than overreported.²²

It is important to note that our data represent 6-month cumulative incidences, and therefore the actual lifetime prevalence of anti-gay harassment, victimization, and physical violence is certainly much higher. Moreover, the cumulative effect of multiple experiences may have a more profound association with mental health than the recent experiences with mistreatment assessed in this study. In addition, because we did not examine other forms of mistreatment (i.e., those occurring for reasons other than sexual orientation), we cannot comment on the uniqueness of *anti-gay* mistreatment in its association with psychological distress. The cumulative effects of these varied forms of mistreatment across the life span should be the subject of future research.

It is unclear precisely why certain subgroups of young gay and bisexual men were

more likely to report mistreatment. HIV-infected men are probably at increased risk because of the added stigma associated with their disease.²³ Men younger than 21 years of age may be at higher risk for a number of reasons; for example, relative to older men, they may have less independence and control over their lives, making it difficult for them to access safe venues where gay and bisexual men gather. In addition, individuals who self-identify as gay at younger ages may be more gender nonconforming,²⁴ increasing perpetrators' ability to identify them as targets for anti-gay bias. Finally, studies suggest that perpetrators of anti-gay violence tend to be younger themselves, and thus young men may be targeted more frequently because their peers are more likely to be perpetrators.²⁵

Qualitative studies involving younger men and HIV-positive men may further elucidate the contexts in which these experiences of mistreatment occur and may offer more concrete insight into why they are more frequently reported by these subgroups. However, regardless of the reasons identified in such research, the surest means of preventing anti-gay harassment, discrimination, and physical violence is to implement and enforce policies that prohibit and punish these acts. Until such policies are commonplace, existing interventions targeting young gay and bisexual men for other purposes (e.g., HIV-prevention interventions) should consider addressing anti-gay mistreatment. Empowerment or community-building interventions may be particularly well suited to this task, given their em-

phasis on helping men create safe social settings. Moreover, such interventions could be expanded easily to incorporate education regarding strategies for confronting and coping with anti-gay mistreatment. ■

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This article was accepted July 18, 2003.

Contributors

D.M. Huebner planned and conducted the analyses and wrote the article. G.M. Rebchook contributed to the writing of the article and supervised data collection. S.M. Kegeles designed the questionnaire, supervised the study, and contributed to the writing of the article and to interpretation of the findings.

Acknowledgments

This research was supported by grant MH46816 and grant MH19105-14 from the National Institute of Mental Health.

We would like to acknowledge Robert Hays, PhD, for his contributions to all aspects of this study and to Ben Zovod for his efforts in data collection.

Human Participant Protection

This study was approved by the committee on the use of human subjects in research of the University of California, San Francisco. All participants provided informed consent before taking part in the research.

References

1. Diaz RM, Ayala G, Bein E, Henne J, Marin BV. The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: findings from 3 US cities. *Am J Public Health*. 2001;91:927-932.
2. Mays VM, Cochran SD. Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *Am J Public Health*. 2001;91:1869-1876.
3. Hershberger SL, D'Augelli AR. The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. *Dev Psychol*. 1995;31:65-74.
4. Herek GM, Gillis JR, Cogan JC. Psychological sequelae of hate-crime victimization among lesbian, gay, and bisexual adults. *J Consult Clin Psychol*. 1999;67:945-951.
5. Waldo CR, Hesson McInnis MS, D'Augelli AR. Antecedents and consequences of victimization of lesbian, gay, and bisexual young people: a structural model comparing rural university and urban samples. *Am J Community Psychol*. 1998;26:307-334.
6. Fischer AR, Shaw CM. African Americans' mental health and perceptions of racist discrimination: the moderating effects of racial socialization experiences

and self-esteem. *J Counseling Psychol.* 1999;46:395–407.

7. Kessler RC, Mickelson KD, Williams DR. The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *J Health Soc Behav.* 1999;40:208–230.

8. Landrine H, Klonoff EA. The Schedule of Racist Events: a measure of racial discrimination and a study of its negative physical and mental health consequences. *J Black Psychol.* 1996;22:144–168.

9. Landrine H, Klonoff EA, Gibbs J, et al. Physical and psychiatric correlates of gender discrimination: an application of the Schedule of Sexist Events. *Psychol Women Q.* 1995;19:473–492.

10. Allison KW. Stress and oppressed social category membership. In: Swim JK, Stangor C, eds. *Prejudice: The Target's Perspective*. San Diego, Calif: Academic Press Inc; 1998:145–170.

11. Swim JK, Cohen LL, Hyers LL. Experiencing everyday prejudice and discrimination. In: Swim JK, Stangor C, eds. *Prejudice: The Target's Perspective*. San Diego, Calif: Academic Press Inc; 1998:37–60.

12. Peters MF, Massey G. Mundane extreme environmental stress in family stress theories: the case of black families in white America. *Marriage Fam Rev.* 1983;6:193–218.

13. Meyers HF. Stress, ethnicity, and social class: a model for research with black populations. In: Jones EE, Korchin SJ, eds. *Minority Mental Health*. New York, NY: Praeger; 1982:118–148.

14. DuRant RH, Krowchuk DP, Sinal SH. Victimization, use of violence, and drug use at school among male adolescents who engage in same-sex sexual behavior. *J Pediatr.* 1998;133:113–118.

15. Faulkner AH, Cranston K. Correlates of same-sex sexual behavior in a random sample of Massachusetts high school students. *Am J Public Health.* 1998;88:262–266.

16. Garofalo R, Wolf RC, Kessel S, Palfrey SJ, DuRant RH. The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics.* 1998;101:895–902.

17. Bontempo DE, D'Augelli AR. Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. *J Adolesc Health.* 2002;30:364–374.

18. Russell ST, Franz BT, Driscoll AK. Same-sex romantic attraction and experiences of violence in adolescence. *Am J Public Health.* 2001;91:903–906.

19. Kegeles SM, Hays RB, Pollack LM, Coates TJ. Mobilizing young gay and bisexual men for HIV prevention: a two-community study. *AIDS.* 1999;13:1753–1762.

20. Kegeles SM, Hays RB, Coates TJ. The Mpowerment Project: a community-level HIV prevention intervention for young gay men. *Am J Public Health.* 1996;86:1129–1136.

21. Rosenberg M. *Society and the Adolescent Self-Image*. Princeton, NJ: Princeton University Press; 1965.

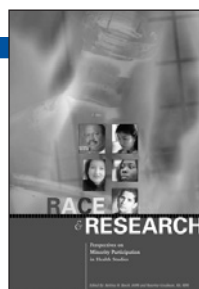
22. Ruggiero KM, Taylor DM. Coping with discrimination: how disadvantaged group members perceive the discrimination that confronts them. *J Pers Soc Psychol.* 1995;68:826–838.

23. Herek GM, Capitanio JP, Widaman KF. HIV-

related stigma and knowledge in the United States: prevalence and trends, 1991–1999. *Am J Public Health.* 2002;92:371–377.

24. Levitt HM, Horne SG. Explorations of lesbian-queer genders: butch, femme, androgynous or “other.” *J Lesbian Stud.* 2002;6:25–39.

25. Comstock GD. *Violence Against Lesbians and Gay Men*. New York, NY: Columbia University Press; 1991.



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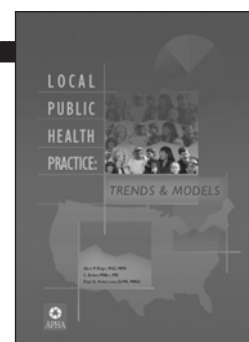
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